



New York City Comptroller  
Brad Lander

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007

Form Version: NYC-COMPT-BLA-PI1-E

## Personal Injury Claim Form

Electronically filed claims must be filed within 90 days of the occurrence using the Office of the NYC Comptroller's website. If the claim is not resolved within one (1) year and 90 days of the occurrence, you must start a separate legal action in a court of law before the expiration of this time period to preserve your rights.

I am filing: ☐ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

First Name:

Relationship to  
the claimant:

### Claimant Information

\*Last Name: CEASAR

\*First Name: LLOYD

\*Address: 891 MOTHER GASTON BLVD

Address 2:

\*City: BROOKLYN

\*State: NEW YORK

\*Zip Code: 11212

\*Country: USA

Date of Birth: *Format: MM/DD/YYYY*

Soc. Sec. #

HICN:  
(Medicare #)

Date of Death: *Format: MM/DD/YYYY*

Phone:

\*Email Address:

\*Retype Email  
Address:

Occupation:

City Employee? ☐ Yes ☒ No ☐ NA

Gender ☒ Male ☐ Female ☐ Other

☒ Attorney is filing.

### Attorney Information (If claimant is represented by attorney)

+Firm or Last Name: BONUS

+Firm or First Name: JUSTIN

+Address: 634 CLASSON AVENUE

Address 2:

+City: BROOKLYN

+State: NEW YORK

+Zip Code: 11238

Tax ID:

Phone #: (347) 920-0160

+Email Address: JUSTIN.BONUS@GMAIL.COM

+Retype Email  
Address: JUSTIN.BONUS@GMAIL.COM

### The time and place where the claim arose

\*Date of Incident: 06/17/2023 *Format: MM/DD/YYYY*

Time of Incident: *Format: HH:MM AM/PM*

\*Location of  
Incident: ARREST AND INCARCERATION OCCURRED IN  
KINGS COUNTY.

Address:

Address 2:

City: BROOKLYN

\*State: NEW YORK

Borough: BROOKLYN (KINGS)

\* Denotes required fields.

+Denotes field that is required if attorney is filing.

A Claimant OR an Attorney Email Address is required.



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**\*Manner in which  
claim arose:**

DEPRIVATION OF CIVIL RIGHTS UNDER COLOR OF LAW (42 U.S.C. § 1983) IN VIOLATION OF THE FOURTH, FIFTH, SIXTH, EIGHTH, NINTH AND FOURTEENTH AMENDMENTS TO THE UNITED STATES CONSTITUTION; DEPRIVATION OF CIVIL RIGHTS UNDER COLOR OF LAW PURSUANT TO MUNICIPAL POLICY, PRACTICE AND/OR CUSTOM (42 U.S.C. § 1983 AND MONELL V. DEPT OF SOCIAL SERVS., 436 U.S. 658 (1978)) IN VIOLATION OF THE AFORESAID AMENDMENTS; CONSPIRACY TO INTERFERE WITH CIVIL RIGHTS UNDER COLOR OF LAW (42 U.S.C. § 1985) IN VIOLATION OF THE FOURTH, FIFTH, SIXTH, EIGHTH, NINTH AND FOURTEENTH AMENDMENTS TO THE UNITED STATES CONSTITUTION; DEPRIVATION UNDER COLOR OF LAW OF RIGHTS GUARANTEED BY ARTICLE 1, SECTIONS 6 AND 12 OF THE CONSTITUTION OF THE STATE OF NEW YORK; FALSE ARREST; FALSE IMPRISONMENT; MALICIOUS PROSECUTION; NEGLIGENCE; CRUEL AND UNUSUAL PUNISHMENT; EXCESSIVE FORCE; DESTRUCTION OF PROPERTY; INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS; PRIMA FACIE TORT; ABUSE OF PROCESS; NEGLIGENCE HIRING; NEGLIGENCE TRAINING; NEGLIGENCE SUPERVISION; FAILURE TO INVESTIGATE; FAILURE TO TIMELY AND PROPERLY RESPOND TO MISCONDUCT; MISREPRESENTATION; FAILURE TO TIMELY AND PROPERLY EXERCISE PROSECUTORIAL FUNCTIONS AND INDEPENDENT JUDGMENT. IT IS ALLEGED THAT THE EMPLOYEES OF THE CITY OF NEW YORK INTERFERED WITH THE CIVIL RIGHTS OF THE CLAIMANT WHEN OFFICERS OF THE NEW YORK CITY POLICE DEPARTMENT ON JUNE 17, 2023 DURING THE EVENING HOURS ARRESTED CLAIMANT WITH NO PROBABLE CAUSE. AFTER SPENDING OVER A DAY INCARCERATED THE KINGS COUNTY DISTRICT ATTORNEY'S OFFICE DECLINED TO PROSECUTE THE CASE BASED UPON THE UNLAWFUL ARREST. THE AFORESAID CAUSES OF ACTION ARISE FROM THE UNLAWFUL ARREST, EXCESSIVE FORCE, DESTRUCTION OF PROPERTY, IMPRISONMENT AND ABUSE OF CRIMINAL PROCESS OF CLAIMANT LLOYD CEASAR FOR CHARGES UNKNOWN, AS A RESULT OF THE WILLFUL, INTENTIONAL, MALICIOUS, RECKLESS, NEGLIGENCE, AND OR DELIBERATE INDIFFERENCE OF THE CITY OF NEW YORK, THE NEW YORK CITY POLICE DEPARTMENT, AND THEIR EMPLOYEES, AGENTS AND/OR SERVANTS. MR. CEASAR WAS ALSO SUBJECTED TO CRUEL AND UNUSUAL PUNISHMENT WHEN HE WAS INCARCERATED FOR OVER A DAY. THE AFORESAID DEPRIVATIONS, BREACHES, TORTS AND VIOLATIONS ARE CONTINUOUS FROM THE DATE OF ARREST ON JUNE 17, 2023 TO JUNE 19, 2023, WHICH WAS THE DATE THAT THE KINGS COUNTY DISTRICT ATTORNEY'S OFFICE DISMISSED THE CHARGES. MR. CEASAR WAS INCARCERATED WRONGFULLY FOR OVER A DAY. POLICE OFFICERS ALSO ASSAULTED MR. CEASAR DURING THE ARREST, WHICH CAUSED HIM TO BE TAKEN TO THE HOSPITAL PRIOR TO BEING RELEASED AND DESTROYED HIS CAR WHEN THEY SEARCHED IT LOOKING FOR CONTRABAND.



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**The items of  
damage or injuries  
claimed are  
(include dollar  
amounts):**

ON THE NIGHT OF JUNE 17, 2023, CLAIMANT ARRESTED FOR CHARGES UNKNOWN. THERE WAS NO PROBABLE CAUSE TO ARREST CLAIMANT. DURING THE ARREST, MR. CEASAR WAS BEATEN BY OFFICERS AND TAKEN TO THE HOSPITAL PRIOR TO BEING TAKEN TO CENTRAL BOOKING. BECAUSE OF THE UNLAWFUL ARREST, THE KINGS COUNTY DISTRICT ATTORNEY'S OFFICE DECLINED TO PROSECUTE THE CASE AGAINST CLAIMANT ON JUNE 19, 2023. CLAIMANT WAS BEATEN, HIS CAR WAS DESTROYED AND WAS SUBJECTED TO OVER A DAY OF INCARCERATION. ON JUNE 19, 2023, THE CASE AGAINST CLAIMANT WAS DISMISSED BY THE KINGS COUNTY DISTRICT ATTORNEYS OFFICE.

THE DAMAGES SUSTAINED BY CLAIMANT, UPON INFORMATION AND BELIEF ARE:

THE CLAIMANT SUFFERED FROM EXCESSIVE FORCE, DESTRUCTION OF PROPERTY, WRONGFUL PROSECUTION, WRONGFUL AND UNCONSTITUTIONAL LOSS OF LIBERTY FOR OVER A DAY, AND ALL DAMAGES THAT ARE ASSOCIATED WITH SUCH LOSS AND INTERFERENCE OF THE AFOREMENTIONED RIGHTS, INCLUDING, BUT NOT LIMITED TO, SEVERE MENTAL ANGUISH, PHYSICAL INJURIES, EMOTIONAL DISTRESS, HUMILIATION, INDIGNITIES, EMBARRASSMENT, ECONOMIC AND MONETARY LOSS, DEGRADATION AND INJURY TO REPUTATION AS WELL AS LOSS OF ENJOYMENT OF LIFE.

SAID CLAIMS AND DEMANDS ARE HEREBY PRESENTED FOR ADJUSTMENT AND PAYMENT. YOU ARE HEREBY NOTIFIED THAT UNLESS THEY ARE ADJUSTED AND PAID WITHIN THE TIME PROVIDED BY LAW FROM THE DATE OF PRESENTATION TO YOU, THE CLAIMANTS INTEND TO COMMENCE AN ACTION IN THESE CLAIMS. CLAIM IS MADE FOR PERSONAL INJURIES AND FINANCIAL LOSSES FOR FIVE HUNDRED (\$500,000) DOLLARS ON BEHALF OF CLAIMANT LLOYD CEASAR.



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**Medical Information**

1st Treatment Date:  *Format: MM/DD/YYYY*

Hospital/Name:

Address:

Address 2:

City:

State:

Zip Code:

Date Treated in  
Emergency Room:  *Format: MM/DD/YYYY*

Was claimant taken to hospital by ☐ Yes ☐ No ☐ NA  
an ambulance?

**Employment Information (If claiming lost wages)**

Employer's Name:

Address:

Address 2:

City:

State:

Zip Code:

Work Days Lost:

Amount Earned  
Weekly:

**Treating Physician Information**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:

**Witness 1 Information**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:  Phone:

**Witness 2 Information**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:  Phone:

**Witness 3 Information**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:  Phone:

**Witness 4 Information**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:  Phone:



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**Complete if claim involves a NYC vehicle**

**Owner of vehicle claimant was traveling in**

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

**Non-City vehicle driver**

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

**Insurance Information**

Insurance Company  
Name:

Address

Address 2:

City:

State:

Zip Code:

Policy #:

Phone #:

**Non-City vehicle information**

Make, Model, Year  
of Vehicle:

Plate #:

VIN #:

**City vehicle information**

Plate #:

City Driver Last  
Name:

City Driver First  
Name:

**Description of  
claimant:**

- ☐ Driver ☐ Passenger  
☐ Pedestrian ☐ Bicyclist  
☐ Motorcyclist ☐ Other

**Total Amount  
Claimed:**

\$500,000.00

Format: Do not include "\$" or ",".

*The **Total Amount Claimed** can only be entered once the following  
required fields are entered:*

*Claimant Last Name*

*Claimant First Name*

*Claimant Address, City, State, Zip Code, and Country*

*Claimant Email or Attorney Email*

*Date of Incident*

*Location of Incident (including State)*

*Manner in which claim arose*

*If attorney is filing, the following fields are also required:*

*Attorney Last Name, First Name, Address, City, State, Zip Code, Email*

*I certify that all information contained in this notice is true and correct to the best of my knowledge and belief. I understand that the willful  
making of any false statement of material fact herein will subject me to criminal penalties and civil liabilities.*

www.elsevier.com/locate/jmb

*(Signature)*

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1. Name of the person	Mr. J. K. Smith
2. Address	123 Main Street, New York, N.Y.
3. Date of birth	10/15/1925
4. Social Security Number	123-45-6789
5. Occupation	Teacher
6. Marital Status	Married
7. Number of children	2
8. Date of application	10/25/1950
9. Signature	J. K. Smith
10. Date of signature	10/25/1950

[illegible]

1. *Introduction*  
 2. *Background*  
 3. *Methodology*  
 4. *Results*  
 5. *Discussion*  
 6. *Conclusion*  
 7. *References*  
 8. *Appendix*  
 9. *Index*  
 10. *Table of Contents*

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[illegible]

7-10	1980
7-11	1981
7-12	1982
7-13	1983

[illegible]

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

[illegible]

05.09.2014

## References

CONFIDENTIAL - SECURITY INFORMATION

**Abstract**

[illegible]

1. The above information is being furnished to you for your information only and should not be used for any other purpose, and you are not to disclose it.

1. The first group of people who are interested in the study of the history of the United States are the people who are interested in the history of the United States.